



**NATIONAL BARGAINING
COUNCIL**
FOR THE PRIVATE SECURITY SECTOR

Central Office Park, Block Q, No.400,
16th Road, Randjespark, Midrand

Email: ceo@nbcps.org.za

COMPLAINT FORM

Details of the Employee or Referring Party

Name and Surname _____

ID/Passport No. _____

Job Description _____

Date Employed _____

Address of Complainant _____

Email Address _____

Cellnumber _____

Fax _____

Details of the Employer

Name of Employer _____

Name of Supervisor _____

Address of Employer _____

Email Address _____

Cellnumber _____

Fax _____



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Nature of Complaint

Please provide additional information such as Payslips, Contract of Employment etc

Statutory Violation (Main Collective Agreement Clause)

Brief Explanation

Union Membership YES NO

Name of Union _____

Union Representative Involved _____

Signature of Union Involved _____



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Signed at _____ on this day _____ of _____ 20____

Referring Party or Employee _____

NBCPSS Representatvie _____

Union Representative _____

Please fill in the entire form and attach all supporting documents

For Office Use :

Designated Agent Assigned _____

Date Received At Salt _____

Resolved? _____

Comments _____

Signed _____